Florida Oncology & Hematology
AMERICAN ONCOLOGY PARTNERS

NOTICE OF PRIVACY PRACTICES

Effective: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Florida Oncology & Hematology (FOH), a division of American Oncology Partners (AOP), is committed to protecting the privacy and security of our patients' confidential health information. We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices information concerning our legal duties and privacy practices regarding your health information. FOH/AOP will abide by the terms in this Notice.

This Notice also describes our obligations under the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2, which provide additional protections for certain substance use disorder records.

This Notice describes how medical information about you may be used and disclosed under HIPAA and 42 CFR Part 2.

How We May Use Your Health Information

We may use and disclose your health information for the following:

Treatment

We may use your health information to treat you and provide health care services. Examples of uses of your health information for treatment purposes are:

- Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you.
- Your physician will document in your record his or her expectations for the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.
- We will also provide your other subsequent health care provider(s) involved in your care with copies of various reports that should assist him or her in treating you.

Appointment Reminders

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at FOH/AOP or another entity/health care provider for whom we schedule services.

Payment Purposes

We may use and disclose your health information to bill for your health care services in accordance with applicable state and federal law and regulation. We submit requests for payment to your health insurance company or other appropriate payer. The payer (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Health Care Operations

We may use and disclose your health information for health care operations such as quality assessment and improvement, training, credentialing, medical review, legal services, and insurance functions. We may share information with business associates who perform these activities on our behalf.

Certain health information related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment is protected by federal law under the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2. These records may have additional protections beyond those required by the Health Insurance Portability and Accountability Act (HIPAA).

Substance Use Disorder Records – Treatment, Payment, and Health Care Operations

With your written consent, we may use and disclose substance use disorder records for treatment, payment, and health care operations as permitted by 42 CFR Part 2 and HIPAA. A single written consent may authorize multiple future uses and disclosures for these purposes. All uses and disclosures are limited to the minimum necessary as required by law.

Redisclosure of Substance Use Disorder Records

Substance use disorder records protected by 42 CFR Part 2 may not be redisclosed unless permitted by federal law. Any recipient of Part 2–protected information is prohibited from using or disclosing the information in a manner that would violate 42 CFR Part 2 or other applicable laws.

Your Health Information Rights

The health and billing records we maintain are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our practice. Although we are not required to grant the request, we will comply with a request that is granted and we are required to agree to your request not to disclose information to a health plan regarding items or services that you have paid for in full out-of-pocket;
- Obtain a paper copy of the current Notice of Privacy Practices (Notice) by making a request at our practice;
- Request that you be allowed to inspect and obtain a copy of your health record and billing record. You may exercise this right by delivering the request to our practice. Under certain circumstances, your request may be denied. If your request is denied, you will be informed of the reason for the denial and a copy will be provided to a representative designated by you. You will have an opportunity to appeal a denial of access to your protected health information, except in certain circumstances;
- Request an electronic copy of your medical record at the costs of labor and a reasonable cost-based fee for any electronic media we provide at your request in producing the electronic copy;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our practice. We may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the practice;
- Is not part of the information that you would be permitted to inspect and copy; or,
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our practice;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our practice. An accounting will not include uses and disclosures of information for treatment, payment or operations unless your records are maintained electronically. The accounting will also not include disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition or your death. Including applicable disclosures of substance use disorder records under 42 CFR Part 2.
- We are generally not permitted to use or disclose your protected health information, including substance use disorder records protected by 42 CFR Part 2, for marketing purposes or to sell your protected health information without your written authorization.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our practice, except to the extent information or action has already been taken.
- You have the right to revoke consent for disclosures of substance use disorder records at any time, except where action has already been taken in reliance on your consent.

If you want to exercise any of the above rights, please contact the practice's Privacy Officer, at 14543 Global Parkway, Suite 110, Fort Myers, FL 33913; 866-266-0555; during regular business hours, or by mail. They will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;

- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Notify you of a breach of your unsecured protected health information.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting any of our office locations and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the practice's Privacy Officer at 866-266-0555.

Additionally, if you believe your privacy rights have been violated under HIPAA or 42 CFR Part 2, you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses and Disclosures

FOH/AOP may use and disclose your health information for the following:

Communication with Family
- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Notification
- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Research
- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief
- We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations
- Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)
- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation
- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health
- As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect
- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Legal Proceedings

- Substance use disorder records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings without your written consent or a court order that meets the specific requirements of 42 CFR Part 2.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

Health Information Exchange/Regional Health Information Organization

- We participate in a health information exchange (HIE) or regional health information organization (RHIO) to share your health information with other providers in the HIE or RHIO who provide health care to you. If you do not want your health information to be made available through the HIE or RHIO, you may opt out by submitting a written request to the Privacy Officer. You may opt back in to the HIE or RHIO at any time. You do not have to participate in the HIE or RHIO to receive care.

Other Uses

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights." Violations of HIPAA and CFR Part 2 are subject to civil and criminal penalties as provided by federal law.

Website

- FOH/AOP's Notice of Privacy Practices is available on the website at: AONcology.com/policies/FOH_NPP.pdf